

## *Postwar Expansion of Senior House Staff Positions in the Mount Sinai Hospital*

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The problems of medical education connected with the return of many thousands of Army and Navy Medical Officers to civilian life are manifold. The greater part of these men desire postgraduate training. Many are interested in postgraduate lecture courses; others wish to work for a period of one or more months as postgraduate students in different departments. As far as the capacity of the hospital permits it usually is not difficult to cope with such wishes.

One of the major problems is presented by the desire of hundreds of returning Medical Officers to receive supplementary hospital training as assistant residents and residents. Most of these men have been obliged to join the Armed Forces after 9-month or 12-month periods of internship and it can be readily understood that they feel the necessity to complete their house staff training. In addition, large numbers of Medical Officers had already decided before they went into the Army or Navy to specialize in medicine or surgery. Often they had started their specialized training before the war and now after discharge from the Service they try to obtain residencies in the specialties in which they are interested. Finally, there are many Medical Officers who have already worked as general practitioners for one or more years and who, during their military career, have decided to go in for specialties.

The Trustees of the Mount Sinai Hospital felt it imperative to cope as much as possible with the needs of the returning Medical Officers. This decision required the institution of new assistant residencies and residencies. In order to obtain the necessary expansion of the house staff, several difficulties had to be overcome. In the beginning it even seemed that these plans could not be

realized because of limitation of house staff quarters and dining room facilities. However, by the introduction of certain improvisations and reorganizations a considerable increase of both house staff quarters and dining room facilities could be obtained. Thereafter, it was possible to submit the following plans which ultimately were accepted for implementation.

1. All pre-existing Assistant Residencies and Residencies are to be filled by returning Medical Officers as soon as the positions become free. After April 1, 1946, practically all pre-existing Assistant Residencies and Residencies will be occupied by returning Medical Veterans.

#### 2. Creation of new Residencies.

##### a. *Medicine*

(1) The Mount Sinai Hospital has two Medical Services, each of which had one Resident. As of January 1, 1946, the house staff of each Service will be headed by two Residents.

(2) The Mount Sinai Hospital had under wartime conditions 8 senior interns who served a mixed internship. By April 1, 1946, these mixed senior internships have been abolished. Six of these 8 senior interns will be replaced by Assistant Residents in Medicine who will serve for 8 months in General Medicine, 2 months in Neurology and 2 months in Pediatrics.

(3) The Mount Sinai Hospital always had 2 Medical Resident Physicians in the Semi-Private and Private Pavilions. On January 1, 1946, this number was increased to 6. Each of these 6 men will work for 8 months in the Private Pavilions and for 4 months in the medical wards of the hospital. During the latter period each will act as the third assistant Resident in the Medical Wards, which will bring his training under

the direct supervision of the medical chiefs.

Four Resident physicians are sufficient to handle the work connected with the medical patients in the Semi-Private and Private Pavilions. When 4 Residents are on duty, enough time is available to permit them to attend medical lectures and other educational activities which are going on daily in the Hospital, usually between 4 and 6 P.M. Measures are taken in order to obtain a closer supervision of the work of the Medical Residents in the Private and Semi-Private Pavilions by the Attending Staff members whose patients were admitted.

b. *Pediatrics, Orthopedics, Ophthalmology, Pathology, Neurology and Radiology*

In addition to the normal number of pre-war Residencies, an extra one-year Assistant Residency was created in Pediatrics, in Orthopedics, in Ophthalmology and in Pathology. The Department of Neurology opened two new Assistant Residencies, the Department of Radiology two new Residencies and three positions for Postgraduate students.

c. *Neurosurgery and Urology*

Measures were taken permitting the creation of a new Residency in Neurosurgery and a new Assistant Residency and Residency in Urology which had not existed under pre-war conditions.

d. *Pathology*

The number of Residents in Pathology was increased from 2 to 3. Apart from the regular Residents, the Department of Pathology has always had a considerable number (about 10) of Fellows and Research Assistants. These positions are from now on reserved for returning Medical Officers and within a year these positions will all be held by Veterans who will be trained as Postgraduate students.

e. *Surgery*

Instead of the senior interns who, during wartime rotated through the surgical services, two new positions of junior assistant residents are created. These men will rotate through General Surgery, Urology (6 weeks), Orthopedics (4 weeks), and Gynecology (6 weeks).

The Mount Sinai Hospital had two Assistant Residents and two Residents in the Surgical Wards containing around 120 beds.

The Surgical Chiefs were of the opinion that an increase in this number would lead to an undesirable dilution of the operating activities of the Residents. It followed that an increase of the surgical resident training in the Mount Sinai Hospital could only be obtained by a reorganization of the Surgical Assistant Residency and Residency in the Semi-Private and Private Pavilions. On an average, there are 150 surgical patients in the Semi-Private and Private Pavilions of the Hospital. Surgical Residencies in the Private and Semi-Private Pavilions have certain innate deficiencies which can partly be remedied but can never be cured entirely. The main objection against such a Residency consists of the fact that Surgical Residents in the Private Pavilions cannot be allowed to perform independently surgical interventions. The practical work of such Residents can, therefore, at best consist only of assisting expert surgeons at operations.

Notwithstanding this deficiency it has been possible to remodel the Surgical Residencies in the Private Pavilions in such a way that a year of intense and fruitful instruction in surgery resulted. In peacetime, the number of Assistant Residents and Residents in Surgery in the Private Pavilions varied from 6 to 8. It was decided to increase this number to 18 Resident Surgeons, 9 of these are to be appointed every January 1st, the second group of 9 every July 1st. During the first 6 months of their appointment these resident surgeons will work as Assistant Residents, the second half-year as Residents. In order to streamline the work of the Surgical Assistant Residents and Residents, the considerable number of operating surgeons who admit patients to these pavilions was divided into 6 groups.

Three of these groups consist each of an Attending Surgeon of the Mount Sinai Hospital with his Associate. The 4th group consists of the Chief Gynecologist with 3 of his colleagues and Associates.

The 5th group consists of the Attending Urologist with one Associate.

The 6th group designated as "The Pool" is formed by all the other surgeons who operate in the Private and Semi-Private Pa-

TABLE I

POSTWAR INCREASE OF ASSISTANT RESIDENCIES AND  
RESIDENCIES OF THE MOUNT SINAI HOSPITAL

	ASSISTANT RESIDENTS		RESIDENTS	
	<i>Peacetime</i>	<i>Postwar</i>	<i>Peacetime</i>	<i>Postwar</i>
Gynecology .....	1	1	1	1
Medicine (wards) .....	0	6	2	4
Medicine (private) .....	..	..	2	6
Neurology .....	2	5	1	1
Ophthalmology .....	1	2	1	1
Orthopedics .....	1	2	1	1
E. N. T. ....	1	1	1	1
Pathology .....	..	..	2	3
Pediatrics .....	2	3	1	1
Radiology .....	..	..	4	6
Surgery (ward) .....	2	2	2	2
Surgery (private) .....	4	9	4	9
Urology .....	..	1	..	1
Neurosurgery .....	..	..	..	1
Anesthesiology .....	..	..	2	2
	14	32	24	40

vilions.

To each of the first 3 groups mentioned above, one Assistant Resident and one Resident are assigned. One Assistant Resident is assigned to the gynecological group, another Assistant Resident to the urological group. To the pool 3 Residents and 3 Assistant Residents are assigned. The Assistant Residents and Residents make daily rounds with the surgeons to whom they are assigned, assist at the operations of these surgeons and take care of the after treatment of the patients.

The one remaining Assistant Resident works as an Assistant Resident in the Department of Urology of the Hospital. The 3 remaining Residents work as Assistant Residents in the Wards because at the same time the regular peacetime Assistant Residencies in the Wards have been abolished.

The schedule divides the year into 6 periods of 2 months each. Each of the as-

signments mentioned above lasts for 2 months. Each man works one period of 2 months as Assistant Resident in the Wards, works for 2 periods of 2 months each in the Pool. For the remaining 3 periods of 2 months each, he is assigned either as an Assistant Resident or Resident to one of the first 3 groups or as an Assistant Resident to the Gynecologists or the Urologists or as an Assistant Resident to the Urological Wards.

For the returned Army Veterans who work as House Staff Members or Postgraduate students, a teaching program has been organized.

1. Every day between 4 and 6 P.M., Surgical, Orthopedic, Neurosurgical, Urological, Gynecological and other demonstrations and lectures are held. The resident group is assigned to be present at the monthly Surgical Departmental Conference, the Urological Conference, the Gynecological Con-

ference, etc. They also attend the Clinical Pathological Conferences which are held once or twice a week in the Hospital.

2. A special weekly x-ray conference for the Semi-Private and Private Pavilions has been created. Here the Residents present a short clinical resumé of the case history of their patients, whereafter the Radiologist discusses the x-ray films taken of the patients.

3. A special weekly Surgical Pathological Conference for the Semi-Private and Private Pavilions has been organized where the surgical specimens obtained during the week in these pavilions are demonstrated and discussed by the Pathologist.

4. Each surgical Resident and each Assistant Resident has to follow one evening a week for 2 hours a course in Surgical Pathology where, after demonstration of the microscopic specimens by an instructor, the Residents, themselves, study these specimens under the microscopes under supervision.

5. Finally, Columbia University has placed one dissection room and 2 bodies at the disposal of the Mount Sinai Hospital where each Assistant Resident and Resident follows a course in practical dissection under strict supervision by an expert instructor in anatomy 2 evenings per week for 4 months.

In this way the Surgical Residency in the Semi-Private and Private Pavilions has been transformed to a year of careful and intensive training in Surgery. This year Residency offers not only well supervised observation and surgical diagnosis at the bedside with daily assistance at operations, but also basic medical training in Anatomy, Surgical Pathology and X-ray diagnosis. The practical training is rounded up by daily clinical demonstrations and discussions of surgical and allied problems.

It seems fair to weigh the advantages and disadvantages of such a Surgical Residency in the Semi-Private and Private Pavilions as compared with a Residency in the Surgical Wards of the Hospital.

The main disadvantage that a Resident in the Private Pavilions is not in a position to perform independently any kind of major surgery, can never be entirely overcome. In the schedule described this de-

ficiency is at least partly remedied because every Resident in the Private Pavilion works for a period of 2 months as an Assistant Resident in the Surgical Wards of the Hospital. This period always falls in the second part of the assignment when the Private Surgical Resident has already obtained a certain amount of experience. It will thus be possible to assign him during this two-month sojourn in the Wards a certain amount of independent surgery.

Three of each group of 9 men will, in addition to this two-month Assistant Residency in the Surgical Wards, also work for 2 months as an Assistant Resident in the Urological Wards.

The Residency in the Private Pavilions, however, has not *only* disadvantages. As a matter of fact, it has major advantages. In this connection the more intimate participation of the Private Resident in the work of the Surgical Chief may be mentioned. The Attending Surgeons, although well acquainted with the medical and surgical problems of all their ward patients, actually perform only a limited number of operations on ward patients. Part of the technical work in the Surgical wards is assigned to Associate Surgeons and Adjunct Surgeons. The Ward Residents, therefore, receive the major part of their technical training from the younger Surgical Staff members and have only relatively little direct contact with the Chiefs. In the Private Pavilions the Surgical Chiefs perform all the operations upon their patients personally. Since each Attending Surgeon has about 15-20 patients in the Private and Semi-Private Pavilions, the personal teaching of the Assistant Resident and Resident in the Private Pavilions by the Surgical Chief himself is much more intensive than in the Ward.

Another point has also to be considered. In the Hospital Wards the Surgical Chiefs perform only the more complicated interventions. The Ward Resident, therefore, learns the technique of hernia,—appendix,—simple gall bladder,—simple stomach operations—from the younger Attending Surgeons. In the Private Pavilions conditions are different and the Residents in the Private Pavilions are instructed in the tech-

nique of *all* operations—simple and complicated—by the Chiefs themselves.

Finally, the amount of medically useless activities which the Hospital Administration requires of Ward Residents has in the course of years reached colossal dimensions. This results in a considerable amount of loss of time to the Ward Residents. It is well-nigh impossible for the Ward Residents to be present at the educational functions of the Hospital unless these are organized at night. The Ward Residents would not be in a position to follow the courses of instruction outlined above as organized for the Residents in the Private Pavilions.

The Residency in the Private Pavilions, therefore, offers valuable training in clinical and operative surgery and in the basic medical sciences and suits exactly the needs of the returning Medical Officers and forms

an excellent preparation for further specialization in Surgery. It is to be foreseen that in the future the Mount Sinai Hospital may well require such a year Residency in the Private Pavilions as a prerequisite for Ward Residencies in Surgery, Urology, Gynecology, and Orthopedics.

In this way the number of assistant residencies has been increased from 14 to 32, of residencies from 26 to 40. In addition to this creation of 32 new positions on the House Staff, the reorganization of the medical and surgical residencies in the Semi-Private and Private Pavilions has transformed the former 2 medical and 8 surgical residencies in these Pavilions into educationally valuable assignments.

The factual increase, therefore, amounts to 42 senior House Staff positions.

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